



INDIANA DEPARTMENT OF ENVIRONMENTAL MANAGEMENT

We make Indiana a cleaner, healthier place to live.

Frank O'Bannon
Governor

Lori F. Kaplan
Commissioner

100 North Senate Avenue
P.O. Box 6015
Indianapolis, Indiana 46206-6015
(317) 232-8603
(800) 451-6027
www.in.gov/idem

Dear Applicant:

To complete your construction application, you must submit **all** the necessary items. If your application materials are incomplete; you will be sent a deficiency notice, your application will be retained for 60 days, and if information is not received in that time period your application will be denied due to incompleteness. Please complete the following steps.

- * Request that the utility to which you will be connecting your gravity sewer or force main complete the attached capacity certification/allocation form letter.
- * A completed Certification of Registered Professional Engineer or Land Surveyor Letter needs to be completed by the professional engineer or land surveyor that designed and stamped the plans. A copy of this letter is attached.
- * Complete all the information on the sewer design summary and certify it with a professional engineer's stamp (or land surveyor's stamp for gravity sewer projects) and signature.
- * Sign and date the application form and fill out completely. Municipal projects must be signed by a city or town official. Others, such as private projects, can be signed by the owner or a representative.
- * Submit one set of plans with profiles and bedding details. Every page must be stamped and signed by a professional engineer (or land surveyor for gravity sewer projects).
- * List all affected parties. This list should include adjacent property owners, their names and mailing addresses. A completed mailing label list with the mailing code of 65-42FC listed above each party listing is required.
- * Please be advised that if your project will disturb five (5) or more acres of land area, coverage under 327 IAC 15-5 (Rule 5) is required. Rule 5 is the General Permit for Storm Water Runoff Associated with Construction Activity. Contact Jay Davis at (317) 233-1864 for more information, if permit coverage of your project is required.

Please send construction applications to:

Facility Construction Section
Indiana Department of Environmental Management
Attention: Don Worley
P.O. Box 6015
Indianapolis, IN 46206-6015

Telephone: (317) 232-5579

327 IAC 3.5.5 Wastewater Construction Permit Fees
(Submit no Money for Sewer Projects, Either Private or Public)

**Indiana Department of Environmental Management
Application For Water Pollution Control Facility
Construction Permit Required By 327 IAC Article 3**

1. Applicant (Name and Address)

Phone # _____

2. Applicant's Engineer or Land Surveyor

Name _____
Company Name _____
Address _____

Phone # _____

3. Name of Proposed Facility: _____

Location of Proposed Facility: _____

City: _____

County: _____

SRF Funded: Yes ___ No ___

4. ATTACHMENT CHECKLIST:

Sanitary Sewer Projects

The following Documents are attached:

A. Sanitary Sewer Design Summary []

B. Wastewater Allocation Checklist
(Acceptance/Capacity Letter from
Municipality or Sanitary District) []

C. Plans and Specifications []

*D. List of Potentially Affected persons
or parties []

5. Permit Application For Construction,
Expansion, or Modification of:
(check where applicable)

A. Municipal Collection Facility []

B. Semipublic Collection Facility []

C. Municipal Treatment Facility []

D. Semipublic Treatment Facility []

E. Industrial or Commercial Treatment
Facility

F. Coal Mine Sedimentation Basin []

G. Other Specify _____

[]

* New Facility []

* Expansion or modification of
Existing Facility []

*Fully identify all persons, by name and
address, who may be potentially affected
by the issuance of this permit, such as
adjoining landowners, persons with a
propriety interest, and/or persons who
have complained or submitted comments
about your facility. Failure to identify a
potentially affected person may result in
any issued permit being challenged and
rendered null and void.

6. Signature

Application is hereby made for a Permit to
authorize the activities described herein. I
certify that I am familiar with the information
contained in this application, and to the best of
my knowledge and belief such information is
true, complete, and accurate.

Printed Name of Person Signing

Title

Signature of Applicant

Date Application Signed

Please refer to IC 13-7-13-3 for penalties of submission of false information

**327 IAC ARTICLE 3 CONSTRUCTION PERMIT
SANITARY SEWER DESIGN SUMMARY FORM**

Design Flow

Number of Units:

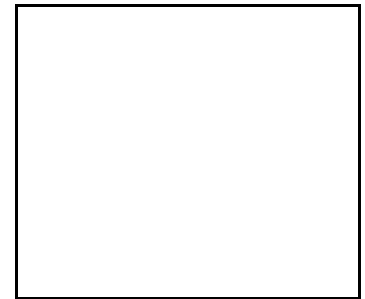
_____	1Bdrm. apts	200 gpd/unit	_____	gpd
_____	2Bdrm. apts	300 gpd/unit	_____	gpd
_____	Single family homes	310 gpd/unit	_____	gpd
_____	Commercial lots			
_____	_____	_____	_____	gpd
_____	_____	_____	_____	gpd

Peaking factor: _____ Total average flow _____ gpd
Peak flow _____ gpd

Sewer

_____ ft. 8-inch _____ (sewer type)
_____ ft. 10-inch _____
_____ ft. _____
_____ ft. _____
_____ ft. Total length of sewer

The new sewer will be connected to an existing _____ - inch diameter
sanitary sewer at _____ (relative to streets)



**(P.E. or L.S. Stamp
Signature and Date)**

Lift Station

Type: _____ (wet/dry well, submersible, wet-well mounted, etc.)

Number of pumps: _____

Capacity of pumps: _____ gpm, _____ TDH, _____ RPM, _____ HP

Back-up power source: _____ **yes** _____ **no**

Average wet-well detention time: _____

Audio/visual alarm with self-contained power supply or telemetry system: _____

Force main: _____ ft. of _____ -inch _____ (type)

Force main discharge elevation: _____

Waste Treatment

Wastewater treatment will be provided by: _____

Inspection/Maintenance

Inspection during construction will be provided by: _____

Maintenance after completion will be provided by: _____

CAPACITY CERTIFICATION/ALLOCATION LETTER
(This Form Should be Filled Out in its Entirety)

Applicant: _____

Owner: _____

Project Name: _____

I, _____, representing the _____, in my capacity
(Name of Individual) (Name of City or Town)

as _____ have the authority to act on behalf of the _____ and
(Title) (Name of City or Town)

certify that I have reviewed and understand the requirements of 327 IAC 3 and that the sanitary collection system proposed, with the submission of this application, plans and specifications, meets all requirements of 327 IAC 3. I certify that the daily flow generated in the area that will be collected by the project system will not cause overflowing or bypassing in the collection system other than NPDES authorized discharge points and that there is sufficient capacity in the receiving water pollution treatment/control facility to treat the additional daily flow and remain in compliance with applicable NPDES permit effluent limitations. I certify that the proposed average flow will not result in hydraulic or organic overload. I certify that the proposed collection system does not include new combined sewers or a combined sewer extension to existing combined sewers. I certify that the ability for this collection system to comply with 327 IAC 3 is not contingent on water pollution/control facility construction that has not been completed and put into operation. I certify that the project meets all local rules or laws, regulations and ordinances. The information submitted is true, accurate, and complete, to the best of my knowledge and belief. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.

Gallons Per Day: _____
(Total Average Flow for Project)

Wastewater Treatment Plant: _____
(Name of WWTP)

Sewers: _____
(Owner of Sewers)

Signature of Person Signing

Date Signed

(Please refer to IC 13-30-6-2 for penalties of submission of false information. False certification could result in imprisonment or a fine of up to \$10,000)

**CERTIFICATION OF REGISTERED PROFESSIONAL ENGINEER OR LAND
SURVEYOR LETTER**

(This Form Should be Filled Out in its Entirety.)

Applicant: _____

Owner: _____

Project Name: _____

I, _____, representing the project applicant, in my capacity as a registered
(Name of Individual)

professional _____, _____ certify the following
(Engineer or Land Surveyor) (Indiana Registration Number)

under penalty of law: The design of this project has been performed under my direction or supervision to assure conformance with 327 IAC 3 and the plans and specifications require the construction of said project to be performed in conformance with 327 IAC 3-6. The daily design flow rates, in accordance with 327 IAC 3-6-11 generated from within the specific area that will be collected by the proposed collection system that is the subject of the application, plans, and specifications (when functioning as designed and properly installed), will not cause overflowing or bypassing in the same specific area serviced by the proposed collection system other than from NPDES authorized discharge points. The proposed collection system does not include new combined sewers (serving new areas) or a combined sewer extension to existing combined sewers. The sewer at the point of connection is physically in existence and operational. Based upon information provided by the Owner of the Wastewater System, the ability for this collection system to comply with 327 IAC 3 is not contingent on downstream water pollution/control facility construction that has not been completed and put into operation. The design of the proposed project meets applicable local rules or laws, regulations and ordinances. The information submitted is true, accurate, and complete, to the best of my knowledge and belief. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.

Gallons Per Day: _____

(Daily Design Average Flow for Project)

Wastewater Treatment Plant: _____

(Name of WWTP)

Sewers: _____

(Owner of Sewers)

Signature of Person Signing

Date Signed

(Please refer to IC 13-30-6-2 for penalties of submission of false information. False certification could result in imprisonment or a fine of up to \$10,000)

INDIANA DEPARTMENT OF ENVIRONMENTAL MANAGEMENT
OFFICE OF WATER MANAGEMENT
327 IAC ARTICLE 3 CONSTRUCTION PERMIT
SANITARY SEWER SUBMITTAL CHECKLIST

- I. The Application Form _____
 - A. Applicant's Name and Address _____
 - B. Applicant's Engineer: Company Name, Name, Address, Phone Number _____
 - C. Name and Location of Proposed Sanitary Sewer _____
 - D. Type of Collection Facility the Project will connect to (Municipal or Semipublic) _____
 - E. Signature of Applicant or Authorized Agent including Date Signed _____
- II. Summary Sewer Design Summary Form _____
 - A. Design Form _____
 - 1. Multiply number of units by recommended average flow for that type of unit. Refer to Bulletin S.E. 13, Pages 18 and 19, which can be obtained from the Indiana Department of Health, for all flows not listed on design summary form. _____
 - 2. Total all average flow and enter total average flow. _____
 - 3. Enter Peaking Factor. If Peaking and Factor is unknown, a factor of 4 is usually sufficient, however, an exact factor may be calculated from the following equation: _____

$$\text{Peaking Factor} = \frac{18 + / P}{4 + / P}$$

Where P is the Population in Thousands:
 - 4. Multiply Total Average Flow by the Peaking Factor and enter product as Peak Flow. _____
 - B. Gravity sewer length and type. Please include the length, diameter, and type of sewer pipe with applicable SDR and ASTM Specifications, and type of bedding. _____
 - C. Certifier's Seal. Design Summary Form should be sealed and signed by a Registered Professional Engineer or a Land Surveyor if no Lift Station is involved. _____
 - D. Connection Point _____
 - 1. Diameter of existing sewer at Connection Point (Unless Connection Point is at a Lift Station). _____
 - 2. Location of Connection Point relative to an intersection of 2 _____

streets (if possible), i.e. so many feet west and so many feet north of the intersection of this street and that street.

- D. Lift Station: Enter all proposed Lift Station information, or Enter N/A if no Lift Station is involved. (If an existing Lift Station is being directly affected, enter existing Lift Station information and specify that it is an existing Lift Station. _____
1. Number and capacity of pumps. _____
 2. Provide design calculations for TDH and wet-well detention time. _____
 3. Provide a graph of the pump curves. _____
 4. Specify highest elevation in the force main. _____
 5. Specify force main length, diameter and material (ASTM and SDR), and bedding. _____
 6. Specify an audio and visual alarm with self contained power supply or telemetry. _____
 7. Specify nature of back-up power source for lift station, if any. _____
- E. Waste Treatment: Enter the Name of Semipublic or Municipal Treatment facility which the Project will be connecting to: if there is more than One treatment facility in the Municipality or Sanitary District, please specify which one. _____
- F. Inspection: Please specify Name of Company, Individual, or Party Responsible for inspection during construction. _____
- G. Maintenance: Please specify the Name of the Company, Individual, or Party Responsible for Maintenance of the Project after construction is complete. _____
- III. Capacity Certification/Allocation Letter _____
- Provide the utility that is treating the wastewater, the attached capacity certification/allocation letter. _____
This form letter must be filled out in its entirety. _____
- IV. Plans and Specifications _____
- A. Each and every page of the plans should be signed and sealed, as well as the cover page for specifications. _____
1. Professional Engineers who are Registered within the State of Indiana are eligible to certify Plans and Specifications for all types of projects.
 2. A Land Surveyor who is Registered within the State of Indiana may certify Plans and Specifications for Gravity Type Sanitary Sewers only, and may not certify Plans and Specifications involving Lift Stations and Force Mains
- B. The following items are usually necessary for proper Technical Review of Sanitary Sewers and Lift Stations: _____
1. Plan view of the sewers including minimum ten foot horizontal separation of Sewer and Water Mains, and connection point of the _____

proposed Sanitary Sewer.

2. Profile view of the sewers including: slope, invert elevations, existing grade, proposed grade, distances from Manhole to Manhole, existence of special features, and a minimum of 18-inch vertical separation of Sewer and Water Mains. _____
3. Where applicable, Details of all appurtenances including Manholes, Drop Manholes, Inverted Siphons, etc. _____
4. Bedding details for installation of Sanitary Sewer/Force Main: _____
 - a. Rigid Pipe: Should be Class A, B or C as described in ASTM C 12.
 - b. Flexible Pipe: Should be Class I, II, or III as described in ASTM D 2321
5. Minimum three foot cover depth above the crown of the Sanitary Sewer/Force Main. _____
6. Automatic Air Relief valves to be placed at all relative high points in the Force Main to prevent air locking. _____
7. Mechanical joints should be specified for all aerial, river or lake crossings. _____

*Note: construction within a floodway (river, lake, etc.) must receive approval from Department of Natural Resources, Division of Water.

V. A List of names and addresses of all persons or parties who may be potentially affected by the issuance of this project. Please be aware that failure to properly identify and notify these people could have the result of voiding any decision made regarding this permit. _____

A. The applicant must take full responsibility for proper identification of all potentially affected persons or parties.

B. The following are the minimum recommendations made by this office as to who should be included in this list:

1. All landowners adjacent to the property where the proposed construction is to occur.
2. All persons with a substantial and direct proprietary interest in the issuance of this permit, such as, nearby businesses who could have their business in some way affected by the issuance of this Construction Permit.
3. Anyone who is known to have complained or otherwise expressed an interest in this particular project or projects in this specific area.
4. Anyone else whom the applicant may feel that might be potentially affected by the issuance of this permit.

VI. The Application form must be signed and dated by the applicant or his duly authorized agent.

Please note that this checklist is only designed to expedite the review process by assisting the applicant in submission for sanitary sewer construction permits, and in no way is intended to replace the technical review process, nor is it a substitute for the actual Construction Permit.

IDENTIFICATION OF POTENTIALLY AFFECTED PERSONS

Please list here any and all persons whom you have reason to believe have a substantial or proprietary interest in this matter, or could otherwise be considered to be potentially affected under law. Failure to notify a person who is later determined to be potentially affected could result in voiding our decision on procedural grounds. To ensure conformance with Administrative Adjudication Act (AAA) and to avoid reversal of a decision, please list all such parties. The letter on the opposite side of this form will further explain the requirements under the AAA. Attach additional names and addresses on a separate sheet of paper, as needed. Please indicate below the type of Agency action you are requesting.

NAME _____	NAME _____
STREET _____	STREET _____
CITY, STATE, ZIP _____	CITY, STATE, ZIP _____

NAME _____	NAME _____
STREET _____	STREET _____
CITY, STATE, ZIP _____	CITY, STATE, ZIP _____

NAME _____	NAME _____
STREET _____	STREET _____
CITY, STATE, ZIP _____	CITY, STATE, ZIP _____

NAME _____	NAME _____
STREET _____	STREET _____
CITY, STATE, ZIP _____	CITY, STATE, ZIP _____

NAME _____	NAME _____
STREET _____	STREET _____
CITY, STATE, ZIP _____	CITY, STATE, ZIP _____

Please complete this form by signing the following statement:

I certify that to the best of my knowledge I have all potentially affected parties, as defined by IC 4-21.5.

FACILITY NAME _____	SIGNATURE _____
_____	PRINTED NAME _____
ADDRESS _____	DATE _____

FOR CONSTRUCTION PERMIT 327 IAC

Attention:

Since June 17, 1999 mailing labels are required to be submitted with your project.. Having these labels with your application is helpful to you as well as our office. These mailing labels need to have the names and addresses of the affected parties along with our mailing code (which is 65-42FC) listed above each affected party listing.

For Example: 65-42FC
 JOHN DEERE
 111 CIRCLE DR
 YOUR CITY IN 44444

FOR CONSTRUCTION PERMIT 327 IAC

To: Applicant

Subject: Identification of Potentially Persons

The Administrative Adjudication Act, IC 4-21.5, requires that the Department of Environmental Management (DEM) give notice of its decision on your application to the following persons:

- * each person to whom the decision is specifically directed:
- * each person to whom a law requires notice be given:
- * each competitor who has applied to the DEM for a mutually exclusive license, if issuance is the subject of the decision and the competitor's application has not been denied in an order for which all rights to judicial review have been waived or exhausted:
- * each person who has provided the DEM with written request for notification of the decision.
- * each person who has a substantial and direct proprietary interest in the issuance of the (permit) (variance):
- * each person whose absence as a party in the proceeding concerning the (permit) (variance) decision would deny another party complete relief in the proceeding or who claims an interest related to the issuance of the (permit) (variance) and is so situated that the disposition of the matter, in the person's absence may:
 - (1) as a practical matter impair or impede the person's ability to protect that interest, or
 - (2) leave any other person who is a party to a proceeding concerning the permit subject to a substantial risk of incurring multiple or otherwise inconsistent obligations by reason of the person's claimed interest.

IC 4-21.5-3-5 (f) provides that we may request your assistance in identifying these people. Our failure to properly identify and notify these people of the decision could have the result of voiding any decision which is made.